

Advisory & Advocacy Council Meeting
Cleve White Building
January 19, 2017
10 a.m. – 12 noon

Present:	
Items for Discussion	Discussion
Start Meeting	Meeting was called to order at 10 a.m. by Susan Burns.
Opening Introductions	Barbara Messick opened up the meeting with introductions. Barb also asked people to consider if there are other people interested in attending this meeting, or even would like to be removed from the invite list.
Devereux Presentation Jennifer Benjamin & Taryn Sharkey	<p>Jennifer Benjamin & Taryn Sharkey introduced themselves and explained services at Devereux. New center opening in -----. Devereux uses 2 therapists to figure out what the family needs from them and form a new relationship with the family. Families join Devereux uses tools to learn the history of the family the stories of the trauma, they spend a long time getting to know the family it is important to Devereux that the family feels understood. The parent will always be the most influential person in the child's life, so it is important for Devereux to help the parent find their voice. Devereux is able to treat the entire family. Devereux looks at crisis as an opportunity to change. Devereux has 24/7 support crisis service, therapist picks up the phone directly when parent calls. Devereux will go out to family's home at any time of day. They diverted 24 out of 39 crisis. Typically, Devereux is about an 8 month LOS with each family, with intense supervision. 8-24 hours of training each month. Supervision is 2 hours each week. Tier 4 & 5- PBH will recommend family base and then at discharge at Tier 2 Devereux asks about what outside providers would be best for the family. Intake process-service is only funded by Medicaid, they do not accept private insurance. PBH sends the SAF form, then family will receive a call from Devereux and be scheduled for a meeting within 24 hours. Is there a waiting list?-No it's really more of a "rolling admissions" type process. Currently there are 5 teams; 6th team is starting in Feb. Each team can have 5-8 families. 2-3 sessions per week with kids and family, one session per week with school. Startup of a new facility is the hardest, need to convince people to use the service, getting referrals and connect with families. In schools, they empower parents to use their voice and also support crisis in school. Devereux deescalates the situation so that the child can remain in their school. Devereux is in contact with the school from day one, they send a letter to the school on how to access Devereux to use them in the school. Devereux helps family to act as a natural respite, will train respite so that 2 years later they still know how to reach out. They respectfully setting up a new culture within the schools to not send kids to E.R. or hospitals and to keep them in the school. Dev. Has a regional psychologist who specializes in Applied Behavioral Analysis and Autism, which helps meld everything together a little better. Devereux has a discharge system where the family completes a satisfaction survey, every 3 months up to 1 year to take a 2-minute survey and there is also a bonus of a \$500 gift card as a reward for survey completions.</p>
Psychotherapeutic Children's Services Multi-Systemic Therapy Tracey Washington	<p>MST is a family based program used in the family's home, school and community. They work with the facilities within the child's community. They service NCC- 5 Therapists 3 Therapists in SC. New contract with PBH. MST was created in South Carolina it is an evidence-based program. They work with Truancy children, look at how can MST help this child not be truant, what are the peers doing...they work with the school to find out what support the school needs from MST. Supervisions 2.5 hours per week. Trainings in South Carolina for a week long training in the model. Every 3 months BOOSTER Trainings. Family surveys are every 3 weeks to follow up on the MST person. MST accepts Medicaid and private insurance. MOTTO: Whatever it takes! MST started in PBH through Juvenile Justice. Outcomes are on MSTservices.com</p>
Project CORE Chuck Webb	<p>Project Community Outreach and Referral Intervention is for children experiencing early psychosis. It helps the family understand what it is that is occurring..."voice hearers" or "unorganized communication". Employs a team approach, for each person they have 5 different professionals on the team to come together for group therapy. Currently there are 42 kids admitted, 37 of them are still participating in services. Have a very close working relationship with U of D. They have a youth coordinator who has lived experience. Also, have 2 youth representatives with lived experience and how to appeal to the public better. The typical age of these children is 12-25 years of age, which is typically, where the onset of psychosis begins. WEBSITE: www.delawarecore.com Fully grant funded program. We plan to get Medicaid coverage for this project for long term.</p>

<p>Delaware CARES</p> <p>Catherine Bracaliello</p>	<p>Catherine began with handing out flyers and brochures about the program. She is looking for new family recruits who have mental health-lived experience. Catherine asked— What are the qualities that make a very positive experience for children and families?</p> <p>Consistency-Accountability-Teamwork-Team Player in Collaboration in shared goals-Evidence Based Practice-Skill Building-Old-Fashioned basic family relationships ex: family dinner at the table-Positive Connection from the start-Engage-Understand the family needs and strengths are-Good listening skills-Positive Communication-Educated-Team & Family is Prepared-Partnership-Equality</p> <p>Delaware CARES exhibits these qualities with each family. They are in all 3 counties, working with community partners to identify (free) sites that they can consistently keep after the grant ends. Currently serving 14 families. Linking peer-to-peer support with families who are in the program now with families who used the program in the past. Available to children who are in Tier 4 and Tier 5 with PBH.</p>
<p>SOC Grant Application</p> <p>Catherine Bracaliello</p>	<p>Anne Marie had an amazing experience while she attended a family team meeting...where there were posters all around the room...a handout with the story about the family...everyone was put at ease because of how the meeting was held...everyone left on a positive note....afterwards Anne Marie reached out to ----- and she was already working on a plan.</p> <p>January 3rd submitted a new 1.5 million budget, will hear if they receive it in the Spring. It will support children dually in MH service, expand evidence based community services, expand peer support and also offer more respite service. Brandywine, Appo, Woodbridge, C----- will work with PBH to let us provide services in their schools.</p>
<p>Update on Family Surveys</p> <p>Karen Zalewski</p>	<p>Karen reviewed the AAC Family Survey that she provided at the meeting. It asked what does FSP's want to get out of this meeting and what do they want to contribute to this meeting.</p>
<p>Director's Update</p> <p>Susan Cycyk</p>	<p>We are health care funded through resources in Prevention. We are working very hard to see what we can get through before there is a major change. The federal government has now changed heads, so there is a lot of proposals, but no decisions. We submitted a grant application for training on how to effectively service children with MH needs but we did not receive the grant, we were 6th out of 7. Feb 6th PBH is submitting its current budget. There is a new process this year; The Cabinet Secretary is the only one who speaks this year. The rest is question and answer from JFC committee. Not open to the public....not sure about family testimony...we are trying to figure out what we can trim and what do we need to keep. The number one driver is our kids going to public schools. Josette Manning is our new Cabinet Secretary. It takes a lot of courage and willingness to be the Secretary of PBH! Her background is prosecution of child abusers. She comes very highly recommended! She grew up in Wilmington, she is also a mom. She will be sworn in on January 24th.</p> <p>We have had a very good thing happen in our schools: We are really in a good place right now; a diverse group of people got together from across the state, we working towards trying to have better outcomes from kids that were in Day Treatment; how to intervene early, we have 12 of those kids back in their schools! We have now developed an excellent relationship with the Director of Special Ed. Next, we need to sit down and figure out how we all are funded and what does that mean. We would like an FCT in every elementary school and also a BHC in every middle school. The school district doesn't have the decision of where the child goes, DOE does. We asked that our committee continue.</p>
<p>Public Comment</p>	<p>No comment at this time. Barb adjourned the meeting at 12 noon.</p>
<p>Next Meeting</p>	<p>April 26, 2017 10-12 Cleve White Building</p>

Minutes transcribed by: Dawn R. Decino, Administrative Specialist III

